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** CONTINUING DATA *****

This application is a CON of 10/165,657 06/07/2002 PAT 6,678,556
which is a CIP of 09/625,825 07/26/2000 PAT 6,654,636
and is a CIP of 09/352,809 07/13/1999 PAT 6,697,669
which claims benefit of 60/126,058 03/25/1999
and claims benefit of 60/092,544 07/13/1998
and claims benefit of 60/109,324 11/20/1998

** FOREIGN APPLICATIONS *****

UNITED STATES OF AMERICA PCT/US99/15755 07/13/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 29	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Shennedy</i> Initials				

ADDRESS

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TITLE

Electrical field therapy with reduced histopathological change in muscle

FILING FEE RECEIVED 547	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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